BID FORM

PROJECT NAME AND LOCATION:

Roofing Replacement – PVC Membrane Contract Number: HW2201631 Landmark Apartments – Buildings 1, 2, 3 & 4

The undersigned, Legal Name of Bidder:				on this date:
The undersigned, Legal Name of Bidder:, 2022, having fam	niliarized	him/herself with the cor	ntract documents, s	ite conditions, and
has field verified all measurements contained in labor, materials and necessary equipment – all the required applicable taxes and fees to comple	the proje	ct manual as prepared by g, but not limited to, dem	the Owner, hereby judition, disposal, no	proposes to furnish
BASE BID (Including sales tax ind	· 1 ·	I	(\$)
(Including sales tax ind	licated in	Instructions to Bidders)		
UNIT PRICES See Specification Section 0110	00, 1.7 –	Unit Prices		
Unit Price No. 1			(\$)
Unit Price No. 1 [Including sales tax ind	licated in	Instructions to Bidders)	- \ \ '	,
Huit Dates No. 2			(\$,
Unit Price No. 2 (Including sales tax ind	licated in	Instructions to Bidders)	_ (⊅)
ADDENDA Acknowledge receipt of any add	denda by	inserting the number(s)	above	
In submitting this bid, it is understood that the ri hereby agrees that this proposal shall be a valid Bid Opening.				
Bidder agrees that Work will be substantially of Documents on or before the date, within the nur			ment in accordance	with the Contract
The undersigned Bidder hereby certifies that, v date for this Project, the bidder is not a "willfu 49.46, 49.48, or 49.52 RCW, as determined be Department of Labor and Industries or through	l" violato y a final	or, as defined in RCW 49 and binding citation an	0.48.082, of any production of assessment	ovision of chapters nent issued by the
I certify (or declare) under penalty of perjury u correct.		laws of the State of Was	hington that the for	regoing is true and
Signature of Bidder		Print Your Name		
Submitted on	_day of			2022
City	_	State		

BIDDER INFORMATION

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Name of Bidder (Company)):		
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Bidder is $a(n)$: \square Individua	l □ Partnership □ Joint Ve	nture □ Incorporated in	n the state of
List business names & asso	-	_	
Bidder has been in business	continuously from:		
Bidder has been in business			
Business License #:	Fed	eral ID #:	
Current UBI #:	Dept. of L&I	Worker's Comp. Acct.	#:
Bidder has experience in we	ork "Similar in Scope and C	omplexity" comparabl	e to that required for this Project:
As a prime contractor for _	years. As	a subcontractor for	years.
OWNER(S) OF COMPA	NY (List all owners):	OWNER'S SOCL	AL SECURITY NUMBER (only oprietorship):
No. of regular full-time emp	ployees other than owner(s)	:	
Indicate clearly the kind of	work your company will ac	tually perform in this p	project:
Approximate % of work yo	ur company will actually pe	rform:	
List the supervisory person	nel to be employed by the B	idder and available for	, and intended to, work on this project:
Name	<u>Title</u>		How Long With Bidder

BIDDER INFORMATION

SUBCONTRACTORS

Do you intend to use Subcontractor(s) in this project?	Yes □ No □ (If yes,	you <u>must</u> show	the name of the
subcontractors. Attach additional pages as necessary.)			

Subcontractors Name	Subcontractor's U	JBI#	Phone Number	Trade	Years Busine
1.					
2.					
3.					
4.					
5.					
		ļ			<u> </u>
BIDDER'S EXPERIENCE					
Projects successfully supervised bid documents in the last 5 years				lar scope and v	value as specified
Name of Project	Completion Date	Duration			Amount of
1.		(Months	5)		Contract
2.					
3.					
4.					
5.					
Owner's Name (of project	Project Address	I	Contact Person		Phone
listed above) 1.					Number
2.					
3.					
4.					
5.					
Has Bidder ever been found gu	ilty of violating any	State or E	adaral amplayment le	wg? □ No □ '	Vas
If yes, give details & attach add			ederar emproyment ra		1 65

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws?

☐ No ☐ Yes If yes, give details & attach additional pages as necessary: _

BIDDER INFORMATION

years? (i.e., open claims, lawsuits	s, warrants, judgements including but	been rendered against Bidder in the past five not limited to those that would show on the ages as necessary:
		State Worker's Compensation or other ment in the past 5 years? ☐ No ☐ Yes
<u>Date</u>	Type of Injury	Agency Receiving Claim
		<u> </u>
Bidders current Experience Mod	ification Rate (EMR):	
(If Bidder is self-insured, attach	proof of EMR stated, showing comp	lete worksheet calculations)
The bidder hereby certifies that current.	the information contained in this B	idder's Information is accurate, complete and
	NAME:	
(signature)		(print)
TITI E.	DATE:	